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PTO/SB/21 (09-06)

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/797,231-Conf. #2980
Filing Date	March 10, 2004
First Named Inventor	Hammond et al.
Art Unit	2812
Examiner Name	A. G. Ghyka
Attorney Docket Number	ASC-057C1

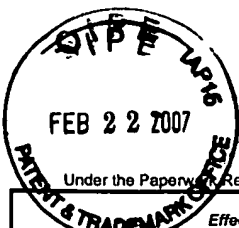
ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form (1 page)	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached – Check in the amount of \$180.00	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Return Receipt Postcard
<input checked="" type="checkbox"/> Supplemental Information Disclosure Statement (2 pages)	<input type="checkbox"/> CD, Number of CD(s) _____	Certificate of First-Class Mailing (1 page)
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	Form PTO/SB/08 (1 page)
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application		Refs. C81-C84
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	GOODWIN PROCTER LLP		
Signature			
Printed name	Natasha C. Us		
Date	February 20, 2007	Reg. No.	44,381



FEB 22 2007

PTO/SB/17 (07-06)
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FEE TRANSMITTAL For FY 2005		Complete if Known	
		Application Number	10/797,231-Conf. #2980
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	March 10, 2004
		First Named Inventor	Hammond et al.
		Examiner Name	A. G. Ghyka
		Art Unit	2812
TOTAL AMOUNT OF PAYMENT		(\$)	180.00
		Attorney Docket No.	ASC-057C1

METHOD OF PAYMENT (check all that apply)	
<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify): _____	
<input type="checkbox"/> Deposit Account	Deposit Account Number: <u>07-1700</u> Deposit Account Name: <u>Goodwin Procter LLP</u>
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							
						Fee (\$)	Small Entity Fee (\$)
Fee Description							
Each claim over 20 (including Reissues)						50	25
Each independent claim over 3 (including Reissues)						200	100
Multiple dependent claims						360	180
Total Claims		Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		
_____ - 20 = _____		x _____	= _____		Fee (\$)	Fee Paid (\$)	
HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims		Extra Claims	Fee (\$)	Fee Paid (\$)			
_____ - 3 = _____		x _____	= _____				
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)		
_____ - 100 = _____	/50	(round up to a whole number) x _____		= _____			
4. OTHER FEE(S)							Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement							180.00

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	44,381
Name (Print/Type)	Natasha C. Us	Telephone	617-570-1806
		Date	February 20, 2007



Application No. (if known): 10/797,231

Attorney Docket No.: ASC-057C1

Certificate of Mailing under 37 CFR 1.8

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Fee Transmittal (1 page)

Transmittal Form (1 page)

Response to Office Action (3 pages)

Supplemental Information Disclosure Statement (2 pages)

Form PTO/SB/08 (1 page)

Refs. C81-C84

Check in the amount of \$180.00